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Patent Amendment

REMARKS

This application has been carefully reviewed in light of the Office Action dated May 21, 2002. Applicant has canceled claims 1 through 16 and added claims 17 through 24. Reconsideration and favorable action in this case are respectfully requested.

The Examiner has rejected claims 7 and 8 under 35 U.S.C. §112, second paragraph. Applicant has amended the claims in accordance with the Examiner's concerns.

The Examiner has rejected claims 1, 2, 3, 10, 12, 13, 14, and 15 under 35 U.S.C. §102(e) as being unpatentable over U.S. Pat. No. 5,890,129 to Spurgeon. The Examiner has rejected claims 4, 5, 6, 7, 8, and 9 under 35 U.S.C. §103 as being unpatentable over Spurgeon in view of U.S. Pat. No. 5,890,129 to Hussey. The Examiner has rejected claim 16 under 35 U.S.C. §103 as being unpatentable over Spurgeon in view of U.S. Pat. No. 5,987,480 to Donohoe et al. Applicants have reviewed these references in detail and do not believe that they disclose or make obvious the invention as presently claimed by claims 17 - 24.

The process of physician referrals in a doctor's office is one of the most time consuming, and expensive, facets of insurance compliance. A typical scenario for insurance involves a primary-care physician assigned to each insured through which all referrals must be made. The primary-care physician must first determine whether a referral to a "specialist" is necessary. If so, the insured may choose a specialist and schedule an appointment, pending authorization by the insured's insurance company. It is not uncommon for a primary-care physician to be associated with multiple insurance plans and insurance companies. Even relatively small healthcare providers may have nurses who devote their entire day to generating referral requests and dealing with the subsequent problems – which occur frequently.

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The Spurgeon reference provides a system which correlates information in a health provider database with information in an insurance company database through a information exchange computer using push technology.

In practice, even if an insurance company would provide open access to its information, which is not common, insurance company information is often not timely and can be the cause for denials to referral requests. In Spurgeon, a denial by the insurance company leaves the health provider in no better position than it would be if it used manually created referral requests. A nurse will need to call the insurance company and determine the problem. Further, resolution of the problem will not eliminate subsequent denials due to the same problem.

The present invention as defined by claims 17 through 24 provides a solution that has proven effective. Referral requests are electronically received from a plurality of provider office systems. If applicable, electronic authorization requests to an associated insurance company are made responsive to the referral requests. An electronic authorization or denial is received in response to each electronic authorization request; if denied, the requests are forwarding denied requests to a third party human researcher for further research.

The present invention greatly benefits healthcare providers. Once a referral request is generated at the health provider's office, errors that cause denial are corrected by the third-party researcher, who can then update a central database to prevent the occurrence of subsequent denials due to the same error. Further, the third party researcher can coordinate manual authorization of referral requests that are not subject to electronic authorization.

An extension of one month is requested and a Request for Extension of Time under § 1.136 with the appropriate fee is attached hereto.

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The Commissioner is hereby authorized to charge any fees or credit any overpayment, including extension fees, to Deposit Account No. 01-1615 of Anderson, Levine & Lintel, L.L.P.

Applicants have made a diligent effort to place the claims in condition for allowance. However, should there remain unresolved issues that require adverse action, it is respectfully requested that the Examiner telephone Alan W. Lintel, Applicants' Attorney at (972) 664-9595 so that such issues may be resolved as expeditiously as possible.

For these reasons, and in view of the above amendments, this application is now considered to be in condition for allowance and such action is earnestly solicited.

Respectfully Submitted,



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**Version with marking to show changes made:**

17 (New). A healthcare information system, comprising:  
a plurality of provider office systems, each provider office system comprising  
circuitry for generating referral requests;  
referral authorization circuitry for:  
receiving said referral requests,  
generating electronic authorization requests to an associated insurance  
company responsive to ones of said referral requests,  
receiving an electronic authorizations/denial for each electronic  
authorization request, and  
forwarding denied authorization requests to a third party human  
researcher for further research.

18 (New). The healthcare information system of claim 17 wherein said referral  
authorization circuitry further forwards referral requests that cannot be authorized  
electronically to a third party human researcher.

19 (New). The healthcare information system of claim 17 and further  
comprising a central information system having a global database of referral  
information in communication with said provider office systems.

20 (New). The healthcare information system of claim 19 wherein said global  
database is corrected responsive to a denied referral.

21 (New). The healthcare information system of claim 17 wherein said  
authorization requests are EDI (electronic data interchange) messages.

22 (New). A method of providing referral information, comprising the steps  
of:  
electronically receiving said referral requests from a plurality of provider office  
systems;

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generating electronic authorization requests to an associated insurance company responsive to ones of said referral requests;

receiving an electronic authorization or denial in response to each electronic authorization request; and

forwarding denied requests to a third party human researcher for further research.

23 (New). The method of claim 22 and further comprising the step of manually researching denied authorization requests.

24 (New). The method of claim 23 and further comprising the step of manually researching referral requests that cannot be authorized electronically.